County of Orange Public Health and Medical Services/Environmental Health

		INDUSTR	IALWA	ASTE SURVEY		MAY 1 D Row
				Please return cor	npleted fo	• *
		several locations of your company,				
		ne responses by the question number N (If different from mailing lab		nave any questions, please call (/14	1 834-7690	
Number		Street	City	Coul	nty	ZIP Cod
ITEM II. INFORMATIO						
A. Years of operation at	this lo	cation: 1957 to 1987	Con	TINUING CC)		
B. Current number of em	ploye	es at this location:	0  -	300)		
		any other company before you	•		No	□ Unknown
If yes, what was the co	ompan	y name and major product or s	ervice? .			
D. Please list any other p	lants y	our company operates or has o	perated	in California since 1945:		
Name				Location		Dates of Operation
1/ 0-1150 5		14 10 F 10 / 1.0 T S	- , ,	AN TOONIA		
NO OTHER	KE	NT TUBE PLANTS	7/0	CACIFURIVIA		
ITEM III. PRODUCTS (P	le <b>ase</b> l	ist your principal products or se	ervices a	nd the Standard Industrial Clas	sification	(SIC) code, if known):
Product or Service			Perc	cent of Operation		SIC (If known)
MFG. OF SMALL DIAMETER.				007	133	(a)
STAINLESS STE	EL	AND			- (33	<u> </u>
HIGH ALLON TO	IBIN	G				
Allchould incl	lly.	tic				
ITEM IV. WASTE TYPES	S (Plea	se circle the generic name(s) wh	ich best	describes the type(s) of waste	(s) produc	ed at your facility):
		COMMONI	NDUST	RIAL WASTES		
1. Acetylene sludge		Caustic	31.	Flux	46.	Phenol waste
(2) Acid sludge, solution 3. Adhesives NEUTRALIZ	17.	Centrifuge solids		Fly ash	47.	Photo processing waste
3. Adhesives	18. 19.	• • • • • • • • • • • • • • • • • •	33	Glaze studge	48.	Plating sludge, solution
5. Alkaline sludge, solution		Clarifier studge	34. 30.		49. 50.	PCBs Polymer, coating waste
6. Alum floc, sludge		Coke		Hydroxide sludge	50. 51.	Polystyrene
7. Aluminum, dust	22.		_	Ink, sludge, rinse water	52.	Polyvinyl chloride PVC
8. Asbestos, dust	23.		38.	Kiesulguhr clay	53	Sealant sludon
9. ASP filter cakes	24.	Cyanide solution	3₽.	Leaching and scrubbing residue	(54)	Colvent
<ol><li>Battery acid, sludge</li></ol>	25.	Detergent, soep waste	4	Metal dust, machining wastes	<b>43</b>	Stretford solution
11. Bilge water	26.	Drilling mud	(A)	Oils, emulsions	<del>5</del> 6.	Sulfide sludge
12. Binder solids	27.		42	Organic chemicals, stripper	57.	Tank, stills, sump sediment
13. Blasting sand		Ероху	43.			Tanning sludge
14. Capacitor, electrical	29,		44.	Paint sludge	59.	Tetreethyl lead sludge
15. Catalyst	30.	Filter cake sludge	<b>4</b> 5,	Pesticide containers, rinse water	<b>(60.</b> )	Wash water
Other, please specify:						

	nc	
ITEM V. WASTE DISPOSAL PRINCTICE	ne	
Please complete for all milior industrial wastes produced at this of waste and whether disposed of on plant property or off plan annual volume of each type of waste sewered. Use codes listed b	nt property. If you are disposing	dicate the method of disposal of each type of wastes into a sewer, please indicate the
1. Sewer 4. Landfill	7. Wells	10. Incinerator
2. Storm Drain 5. Ponds	8. Injection Well	11. Recycling
3 Surface Water 6. Pits	9. Mine Shaft	12. Other (Please specify)
A. Disposed of on plant property     B. Disposed of off plant property	C. Treated/disposed of on D. Treated/disposed of off	
Types of Waste Current Annual Volume	Current Disposal Metho	
(From Item No. IV) (Indicate Units)	(Indicate Volume)	Method 5A
a.g. No2. Acid Solution 8500 Gals 900	1C-8,000 Gals	61
(NO GO) W. Water (81, GO) of U	· · · · · · · · · · · · · · · · · · ·	00 6AD 4D
NO. 2) N. D. ESTATION TOOL ONE	120	(EM) 13B
No. 40) METAL DUST (300 LBS	$M'$ $\tilde{\rho}$ $\tilde{\rho}$	W.B.
No 40 One 500 GAL	y y	<u> </u>
THE VI WASTE TREATMENT 3200 GALY	y WD C	accompany of B
Do you have a waste treatment facility on the plant property?  If yes, indicate type of processes and equipment you employ:	⊠ Yes □ No	☐ Unknown
Treatment Process:		
		Rinsing
	exidation-reduction	Other, please specify;
Treatment Equipment: Please list all equipment your plant uses for waste treat	ment: Two process	evor to disposal.
ITEM VIII WASTE STORAGE AND DEMOVAL		
ITEM VII. WASTE STORAGE AND REMOVAL	emiannually 📈 Monthly	☐ Weekly ☐ Daily
, .	500 ACIO 30X.	
B. Average amount of waste in storage between removals:		
C. Methods of storage: Drums X T.	anks □ Holding pond:	Other, please specify:
ITEM VIII. WASTE TRANSPORTATION/DISPOSAL		
A. Indicate the haulers that currently handle your wastes, local		date you began using their services:
2 Name/Address of Hauler 0 15	Name/Location of Site	Date Service Began
CYMPIE VILCO - OLYMPIC OIL	Commerce C	A. 1-81
JC THE SEL MONTE CH - BKKON	WEST COVINA CA	in interior
WAL THE DRING WICESIM HORAGE CA TO	KK WEST COVINITY CA	south pioc
B. Indicate any haulers and locations of offsite disposal that ye		past:
	Name/Location of Site	Time Period Used
JC INC. S EL MOINTE BKK,	WEST COUNA	
likethice Diccin & Vacum Nora	iaik BKK	
ITEM IX. HAZARDOUS WASTE FACILITY PERMIT		
If you would like information about the State Department of check	Health Services, Hazardous Wass	e Disposal Facility Permit Program, please
White and In	4 2. 1-12 A-11	211 51/ (5)
Name Tycholy They	Quality Control	714 - 526 - 5522 Phone Number